



Application for Certification as an Eligible Energy Resource Under the Delaware Renewable Energy Portfolio Standard

1. Name of Facility
Howard, Robert Residence - R Howard

2. Facility Address
217 Chandler Street
Milton, DE 19968

Is the facility located within the PJM control area? ☒ Yes ☐ No
If No, does the Facility have import capabilities? ☐ Yes ☐ No

3. Name of Owner
Robert Howard
Mailing Address
217 Chandler Street
Milton, DE 19968

Phone 302-684-1215 Fax

Email bobhoward61@gmail.com

4. Name of Operator
same as owner
Mailing Address

Phone Fax

Email

5. Name of Contact Person

Allyson Browne, SRECTrade, Inc.

Mailing Address

201 California Street, Suite 630

San Francisco, CA 94111

Phone 877-466-4606 Fax 732-453-0065

Email applications@srectrade.com

6. Name of REC/SREC Owner

same as owner

Mailing Address

Phone _____ Fax _____

Email _____

7. List all PJM-EIS GATS State Certification Numbers assigned to this facility:

PA-101046-SUN-I

8. Operational Characteristics:

Fuel Types Used (check all that apply):

☐ Gas combustion from the anaerobic digestion of organic material

☐ Geothermal

☐ Ocean, wave or tidal actions, currents, or thermal differences

☐ Qualified Biomassⁱ

☐ Qualified Fuel Cellsⁱⁱ

☐ Qualified Hydroelectricⁱⁱⁱ

☐ Qualified Methane Gas captured from a landfill gas recovery system^{iv}

☒ Solar

☐ Wind

If co-firing, provide the formula on file with PJM Environmental Information Services, Inc. (PJM-EIS) n/a

Rated Capacity (in megawatts) 0.0054 MW ✓

If multiple fuel types are utilized, attach the formula for computing the proportion of output per fuel type by megawatts per hour generated.

Facility **Final Approved Interconnection Date** 3/23/15 ✓

If co-firing with fossil fuels, co-fire start date n/a

If co-firing with fossil fuels, attach the allocation formula on file with PJM.

9. Is the Applicant's facility customer-sited generation^v?

☒ Yes ☐ No

Is the Applicant's facility a community owned generating facility^{vi}?

☐ Yes ☒ No

Can the output from the customer-sited generation be appropriately metered?

☒ Yes ☐ No

I, Allyson Browne (print name) hereby certify under penalty of perjury that

1. I have made reasonable inquiry, and the information contained in this Application is true and correct to the best of my knowledge, information and belief.
2. I am authorized to submit and execute this Application and to bind myself and/or my company to the representations contained herein.
3. I /my company agree(s) to comply with and be subject to the jurisdiction of the Public Service Commission of the State of Delaware for any matters arising out of my submission of this Application or the granting of the Application.
4. In the event that any of the information contained in this Application changes pending the consideration of this Application or after the Application is granted, I/my company will amend the Application to provide the Commission with such changed information.
5. I acknowledge that if any of the representations made in this Application or in any amendment thereto are found to be untrue when made, I/the company may be subject to sanctions, including but not limited to monetary fines and/or the revocation of any Certificate granted as a result of the representations made in this Application.

Signature: Allyson Browne

Date: 9/30/2015



A PPL Company

PART 2

DELAWARE INTERCONNECTION APPLICATION & AGREEMENT

**With Terms and Conditions for Interconnection
(Lab Certified Inverter-Based Small Generator Facilities Less than or Equal to 10 kW)**

(Final Agreement – must be completed after installation and prior to interconnection)

Certificate of Completion

INTERCONNECTION CUSTOMER CONTACT INFORMATION

Name: Robert Howard
Mailing Address: 217 Chandler St LT7
City: Milton State: DE Zip Code: 19968
Telephone (Daytime): 302-684-1215 (Evening): _____
Facsimile Number: _____ E-Mail Address: BobHoward61@verizon.net

FACILITY INFORMATION

Facility Address: same as above
City: _____ State: DE Zip Code: _____
DPL Account # of Facility Site: 357712799992
Energy Source: Photovoltaics Prime Mover: Photovoltaics
DC Nameplate Rating: 5.4 (kW) _____ (kVA), AC Inverter Rating 5.0 (kW), AC System
Design Capacity: 6.25 (kW) _____ (kVA)
Inverter Manufacturer: SMA America Model # & Rating: SB5000TL-US-22 (240 V)
Number of Inverters: 1

EQUIPMENT INSTALLATION CONTRACTOR

Check if owner-installed ☐

Name: Liberty Services Co
Mailing Address: 5700 Kirkwood Hwy STE 106
City: Wilmington State: DE Zip Code: 19808
Telephone (Daytime): 302-660-2187 (Evening): _____
Facsimile Number: _____ E-Mail Address: solar@goliberty.co

FINAL ELECTRIC INSPECTION AND INTERCONNECTION CUSTOMER SIGNATURE

The Small Generator Facility is complete and has been approved by the local electric inspector having jurisdiction. A signed copy of the electric inspector's form indicating final approval is attached. The Interconnection Customer acknowledges that it shall not operate the Small Generator Facility until receipt of the final acceptance and approval by the EDC as provided below.

Signed: [Signature] Date 11/18/2014
(Signature of Interconnection customer)

Printed Name: ROBERT S. HOWARD

Type of Application: New/Initial ☒ Growth/Increase ☐ System Capacity 5.4 KW (DC)

Check if copy of signed electric inspection form is attached ☒

ACCEPTANCE AND FINAL APPROVAL FOR INTERCONNECTION (for EDC use only)

The interconnection agreement is approved and the Small Generator Facility is approved for interconnected operation upon the signing and return of this Certificate of Completion by EDC:

Electric Distribution Company waives Witness Test? (Initial) Yes (MAY) No ()
If not waived, date of successful Witness Test: _____ Passed: (Initial) ()

EDC Signature: Margene Phelps Date: 3-23-15

Printed Name: Margene Phelps Title: Account Coordinator

10. If the Applicant's installation is solar or wind sited in Delaware, is a minimum of 50% of the cost of the renewable energy equipment, inclusive of mounting components, manufactured in Delaware?

☒ Yes*

☐ No

Liberty Services Company

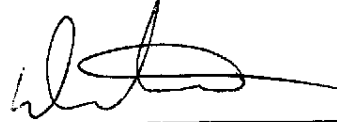
Company Name of Installer

5700 Kirkwood Highway

Address

Wilmington, DE 19808

Address



Signature of Company Representative

David Stokes

Print Name of Co. Representative

***If Yes, please attach the following documentation:**

- A copy of the supplier's invoice showing Delaware manufactured equipment with this facility identified
 - If the supplier's invoice shows only a coded Purchase Order (PO) number, a copy of the company's matching PO that includes the address where the materials were used/installed, must also be supplied
 - If using a master invoice, a record of the draws against the purchased quantity, on the master invoice, must show the address of each use and the quantity of material used

11. If the Applicant's installation is solar or wind sited in Delaware:

a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?

☒ Yes*

☐ No

b. Does the installing company employ, in total, a minimum of 75% workers who are Delaware residents?

☒ Yes*

☐ No

Liberty Services Company

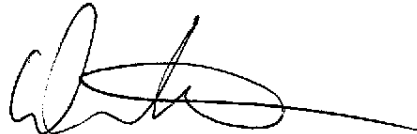
Company Name of Installer

5700 Kirkwood Highway

Address

Wilmington, DE 19808

Address



Signature of Company Representative

David Stokes

Print Name of Co. Representative

***If Yes, please attach supporting documentation (see pages 7-8 for details). Please note, in order to qualify for the Labor/Workforce Bonus, at least one of the options (a. or b.) must be met.**